This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

| _ |
|---|

| Total Fee Calculation | | | | | | | | | |
|-------------------------|-----------------|-------------------|--|---|------------|------------|-----|-----------------|--|
| | Fee Code | Total # Claims | Number Extra | X | Fee | Fce | _ | Total | |
| | Sm./Lg. | | | | Sm. Entity | Lg. Entity | , | | |
| Basic Filing Fee | 201/101 | 20 | | | | | . = | <u> 260</u> | |
| Total Claims >20 | 203/103 | -20 = | · ; | X | | | = | - 70 | |
| Independent Claims >3 | 202/102 | -3 = | ; | X | | 28 | = | <u>/8</u> | |
| Mult. Dep Claim Present | 204/104 | | | | | | = | | |
| Surcharge | 205/105 | | | | · . | | = | 130 | |
| English Translation | 139 | | | | | | | | |
| TOTAL FEE CALCUL | ATION | | | | | | | 968 | |
| Fees due upon filing | the application | : <i>U</i> / | 6 | | | | | | |
| Total Filing Fees Due | e = \$ | 96 | 0 | _ | | | | | |
| Less Filing Fees Subr | mitted -\$_ | | | _ | | | | | |
| BALANCE DUE | o =\$_ | | (2 | _ | | | | | |